

36/6/4

COUNTY OF KINCARDINE

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

ON THE

Health and Sanitary Conditions

FOR THE YEAR

1952

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I N T R O D U C T I O N .

I beg to submit herewith my first Annual Report for the year 1952 on the health of the County of Kincardine and its constituent Burghs.

In previous Annual Reports it was customary to submit a statistical summary dealing with population, births, deaths and the like, but, on this occasion, it is impossible to do so as the necessary basic information has not yet been received from the Registrar-General, but whenever it has been made available, I shall submit the relative statistics to the County Council.

The report on the School Health Service for the year ended 31st July, 1952, has already been submitted to the Department of Health for Scotland, and appears as an appendix to this Report.

I took up duty as Medical Officer of Health on 1st October, 1952, and I wish to put on record my sincere thanks to the Council, to my predecessor and to my fellow colleagues for their courtesy, encouragement and continued assistance.

ALEXANDER HENDERSON.

Medical Officer of Health.

County Health and Welfare Department,
"The Briars",
56, Arduthie Road,
Stonehaven.

28th February, 1953.



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COUNTY OF KINCARDINE.Report by the Medical Officer of Health.
for 1952.**A. 1. Administration.**

From 1930 till September, 1952, Kincardineshire formed part of a Regional Medical Service Scheme which was dissolved in January, 1952, so far as Aberdeen County Council was concerned, but co-ordination with Aberdeen Town Council was continued until September of that year. From the latter date, the professional staff of the Health and Welfare Department and their qualifications were as under:-

1. Medical Officer of Health:- Alexander Henderson, M.B., Ch.B., D.P.H.
2. Part-time Medical Officer:- Annie Gartly, M.B., Ch.B., D.P.H.
3. Relief Medical Officer:- Harry J. Rae, M.C., M.A., M.B., Ch.B.,
D.P.H., Q.H.P.

Dr. Rae's services were retained as Relief Medical Officer in order that he might undertake the public health and welfare duties during the absence of the Medical Officer.

At this point it is proper to state that, when the National Health Service (Scotland) Act, 1947, came into operation, Kincardine County Council decided that the Welfare Services should be united with the Health Functions and they therefore set up a Health and Welfare Committee.

The Health and Welfare Committee had submitted to them the Report of the Standing Advisory Committee on Local Authority Services entitled "What Local Authorities can do to promote health and prevent disease". The Committee directed the Medical Officer of Health to make special reference in his Annual Report to outstanding points in the Report referred to and in this connection the Medical Officer of Health has concentrated on those sections dealing with Preventive Medicine, Mental Health, Health Education and Co-operation with general practitioners.

2. Co-ordination & Co-operation with other parts of the National Health Service.

Co-operation between the Local Health Services and the Special Services have been affected in the following directions:-

(a) Eye Defects:- Children with eye defects, detected by the Medical Officer of Health in his capacity as School Medical Officer, are referred to a Clinic which is conducted in the Burghs by one of the Eye Specialists employed by the North-Eastern Regional Hospital Board.

(b) Orthopaedic Conditions:- An Orthopaedic Clinic is conducted periodically at Stonehaven by one of the Orthopaedic Specialists employed by the North-Eastern Regional Hospital Board. Cases are referred to this Clinic by the Medical Officer of Health and by the general practitioners in the County.

(c) Ante-Natal Provision:- Neither Ante-Natal nor Post-Natal Clinics have been established in the County of Kincardine but such Clinics are in operation in the City of Aberdeen, and, to these, women from this County have from time to time been referred for advice. In their "Proposals for the Discharge of Functions under the Act" it is stated that the Council propose ultimately to establish Ante-Natal and Post-Natal Clinics in the four Burghs viz:- Banchory, Inverbervie, Laurencekirk and/

and Stonehaven and that, by arrangement with the Regional Hospital Board, an obstetrician will attend these Clinics.

When maternity cases are booked and admitted to Hospital, intimation is sent to the Medical Officer of Health. When these cases are discharged from hospital, intimation is also received by the Medical Officer of Health who, through the Supervisor of Nursing and Allied Services, instructs the appropriate health visitor-nurses to make post-natal visits.

(d) Mental Health:- Close co-operation exists in relation to the Mental Health Specialist facilities provided by the North-Eastern Regional Hospital Board in that the services of the Medical Officer for Mental Health, employed by that Board, are freely available to the Medical Officer of Health in the assessment of mental deficiency. Further, the services of this Officer have been made available to general practitioners in relation to insane or suspectedly insane persons.

General practitioners are made aware of the health and welfare services available through Annual Reports of the Medical Officer of Health. Furthermore, the closest personal co-operation exists between the Medical Officer of Health and the general practitioners in the County.

Although no guide as to the extent of the Local Authority Services has so far been issued, the public have been made aware of the scope of these services through press notices and by means of public lectures.

Co-operation with the North-Eastern Regional Hospital Board is maintained through the fact that the Medical Officer of Health has, since the inauguration of the National Health Act and for many years prior to that date, acted as Visiting Physician to Arduithie Hospital, Stonehaven - a Tuberculosis Institution with accommodation for approximately 35 patients.

3. Joint use of Staff.

No general practitioners perform work for the County Council either on a part-time or on a sessional basis. As already stated the Medical Officer of Health is employed in a part-time capacity as Visiting Physician to Arduithie Hospital, Stonehaven.

The extent to which the specialist staff of the North-Eastern Regional Hospital Board has been employed in the County Council's service has been detailed under heading 2 above.

In the County of Kincardine there is no joint use of premises by the hospital organisation and by general practitioners.

4. Care of Expectant and Nursing Mothers and Children under School Age.

(a) Expectant and Nursing Mothers:- In the County there are neither Ante-Natal nor Post-Natal Clinics, but, as already stated, cases are occasionally referred to the clinics established in Aberdeen to which reference has already been made. Facilities for blood tests are available at the Aberdeen Maternity Hospital. There is no provision in the County for unmarried mothers but such provision is available in the City of Aberdeen, which is at the disposal of the County Council, when required. Modified arrangements have been inaugurated at the Child Welfare Clinics in respect of mothercraft training.

As a general routine, expectant mothers, whether booked for domiciliary or for hospital confinement, receive from the date of booking one/

one visit monthly until the seventh month; thereafter fortnightly visits are made until the end of the eighth month and weekly visits during the ninth month. Blood pressure estimation and pelvic measurements are made by the general practitioners or at the hospital, as the case may be. Urine testing and abdominal examinations are carried out both by the doctor and by the health visitor-nurse independently. As regards domiciliary cases, one general, including a vaginal examination, is made jointly at the seventh to eighth month by the general practitioner and the health visitor-nurse. Both domiciliary and hospital cases receive from the health visitor-nurses general advice as to health and instruction on the hygiene of pregnancy.

In respect of nursing mothers confined at home, puerperium visits by the health visitor-nurses normally end on the fourteenth day; a weekly visit is paid for the subsequent two weeks and the mother is instructed to report to the general practitioner during the sixth week after confinement. Visits are thereafter paid by the health visitor-nurse as frequently as may be considered necessary.

In the case of a hospital confinement the health visitor-nurse pays a visit whenever she receives notification that the mother has been discharged from hospital. If the mother is discharged before the tenth day, daily visits are paid until the fourteenth day and thereafter visits are paid with the same frequency as in the case of domiciliary confinements.

The local branch of the British Red Cross Society, operate medical loan depots in Stonehaven, Banchory and Inverbervie. The County Council supplement this provision as required. Maternity outfits and layettes are available.

(b) Child Welfare:- Child Welfare Clinics have been established in the Burghs of Stonehaven, Banchory, Laurencekirk and Inverbervie and also at Cove Bay. The clinics at Laurencekirk and Cove Bay are conducted in premises specially constructed for the purpose; the three remaining clinics are held in public halls. The clinic sessions are held weekly.

Special 'bus facilities are provided in order to convey mothers and children from rural areas to the Laurencekirk and Inverbervie Clinics. The clinics are conducted by the part-time Medical Officer, Dr. Gartly. There are no Consultant Clinics, but, as already stated, children under school age suffering from orthopaedic defects are referred to the Orthopaedic Clinic, Stonehaven. Similar provision is made in respect of pre-school children suffering from eye defects.

No clinics are held by general practitioners in their own premises.

Children requiring consultant advice are referred to the Out-Patient Department of the Royal Aberdeen Hospital for Sick Children through the general practitioner. No arrangement has been made for the employment of auxiliary staff, such as, physio-therapists. Voluntary workers give assistance at several of the Child Welfare Clinics.

(c) Care of Premature Infants:- Premature babies born at home are admitted to the Premature Baby Ward, Aberdeen Maternity Hospital, to Kincardine O' Neil War Memorial Hospital, Torphins, and to Charleton Maternity Hospital, Montrose.

(d) Supply of Dried Milks etc.:- Cod Liver Oil and Orange Juice are issued at the five County Council Clinics. National Dried Milk is issued at the Laurencekirk, Inverbervie and Cove Bay Clinics. All the health visitor-nurses carry supplies of Cod Liver Oil and Orange Juice which are issued to mothers in rural areas. National Dried Milk is carried by the health visitor-nurses and issued to mothers in the following/

following areas:- (1) Arbuthnott, Benholm, Catterline and Kinneff; (2) Inverbervie, Gourdon and Johnshaven; (3) St. Cyrus; (4) Fettercairn; (5) Laurencekirk; (6) Durris and Maryculter.

(e) Dental Care:- It has not been possible to provide dental care for expectant and nursing mothers or for pre-school children. Until December, 1952, there was only one part-time dentist employed by the County Council and his services were devoted entirely to children of school age in the Burgh of Stonehaven where 25% of the school population are located. In December, 1952, an additional whole-time dentist was appointed and he is expected to take up duty early in 1953. In view of the clamant need for attention to the teeth of school children, it is not possible to estimate to what extent it will be possible to provide dental care for expectant and nursing mothers and for pre-school children during 1953.

(f) Other Provisions:- At each of the Council's Clinics, proprietary brands of infant foods and alternative vitamin preparations are on sale at reduced prices. These proprietary preparations are also available to all mothers through the health visitor-nurses.

5. Domiciliary Midwifery.

The Domiciliary Midwifery Scheme works smoothly and satisfactorily. Expectant mothers may book the health visitor-nurse for the area by direct application to the health visitor-nurse or through the general practitioner or at the County Health and Welfare Office. The health visitor-nurses, in their capacity as Midwives, work in pairs although each nurse is responsible for her own bookings. The reason for this procedure is that the health visitor-nurse with whom the booking is made may be on leave or off duty at the time of the confinement and it is therefore advisable that a relief health visitor-nurse should be available so that the patient will not be attended at her confinement by a complete stranger; the relief health visitor-nurse pays one visit during the ante-natal period. Arrangements for hospital confinement are made by the general practitioners.

The only midwives operating in the County who are not employed on the Council's Domiciliary Services are those employed at the Mowat Nursing Home, Stonehaven, which is under the jurisdiction of the Board of Management for the Kincardine Hospitals which Board has its own Medical Officer.

All the health visitor-nurses have been trained at Aberdeen Maternity Hospital in the administration of gas and air analgesia. The Council possess two sets of gas and air apparatus, both based on Stonehaven and shared by five health visitor-nurses in this area.

The arrangements for the ante-natal supervision by midwives is given in paragraph 4(a) of this Report.

The closest co-operation exists between the Medical Officer of Health, the health visitor-nurses and the general practitioners who undertake the maternity medical services. The arrangements for selecting women for confinement in hospital on social grounds rest entirely with the general practitioner whose attention to existing conditions is not infrequently drawn by the Medical Officer of Health.

As regards refresher courses, full facilities are granted to health visitor-nurses to attend refresher courses in rotation. These courses are frequently held under the auspices of the Royal College of Midwives. Approximately one third of the nursing personnel is allowed to attend these courses annually, the expenses incurred being met in full by the County Council.

6. Health Visiting./

6. Health Visiting.

All the nursing personnel employed by the County Council perform combined duties, i.e., they act as district nurses, midwives, school nurses and health visitors. The number of health visitor-nurses employed is 14, and, in addition, there is a Supervisor whose designation is "Supervisor of Nursing and Allied Services". The work of these nurses in relation to expectant and nursing mothers has been described under 4(a). Infants born in hospital are visited by the health visitor-nurses the day after discharge from hospital; fortnightly visits are thereafter made until they attain the age of 2 months; for the remainder of the year, monthly visits are made. From the first year until the infants attain the age of 18 months, visits are made at intervals of 2 months; then at intervals of 3 months until the end of the third year and thereafter at intervals of 6 months until the child reaches school age. Co-operation with the general practitioners is attained by the fact that, if in the course of their visitations the health visitor-nurses detect any ailment, whether major or minor, they instruct the mothers to get into touch with the general practitioners. In the same way the health visitor-nurses, when abnormality is detected at the Clinic Centres, advise the mothers to take their children immediately to the general practitioners. It is gratifying to be able to record that, in the County of Kincardine, most of the general practitioners give definite indication, either verbally or in writing, to the health visitor-nurses when special and additional supervision is required.

Feeding difficulties are dealt with at the Child Welfare Clinics and in the rural areas by the health visitor-nurses when visiting the homes.

The County Council are anxious that all their health visitor-nurses should possess the Health Visitor Certificate, and, with this in view, they have arranged that one nurse at a time may be permitted to attend the Health Visitor Training Course which is conducted under the auspices of Aberdeen Town Council. Health visitor-nurses attending this Course, which extends over a period of 6 months, receive adequate remuneration from the Council during the period of the Course. In view of the scope of the duties of the health visitor-nurses the Council have not countenanced the employment of student health visitors.

The Council encourage health visitor-nurses to attend all available refresher courses and the health visitor-nurses attending these courses are granted subsistence and travelling allowances. Such a Course was held in Aberdeen recently and all the health visitor-nurses attended selected lectures in that Course.

Liaison with the hospital almoners is meantime limited so far as health visiting is concerned.

7. Home Nursing.

As stated under heading (6), the health visitor-nurses perform combined duties. Co-operation with the general practitioners is intimate as practically all the cases requiring nursing, whether they be surgical or medical, are referred to the health visitor-nurses by the general practitioners. It is estimated that only in approximately 2% of cases are the services of the health visitor-nurses sought for direct by the patients or by the patients' relatives. The Supervisor of Nursing and Allied Services estimates that approximately 2 out of every 1,000 cases requiring general nursing are referred to the health visitor-nurses by the hospital almoners.

The classification of the main types attended by the health visitor-nurses is as under:-

A. Medical/

A. Medical:-

Acute	...	...	...	...	15 per cent.
Chronic	..	...	...	...	35 " "

B. Surgical:-

Minor	...	...	...	...	15 per cent.
Major (Post-operative)				...	15 " "

C. Emergencies:-

Minor accidents, etc.	...	20	"	"
				100 per cent.

There is no organised night nursing service although the health visitor-nurses attend all night emergency calls.

As explained under heading (6), the health visitor-nurses are encouraged to attend refresher courses. There are meantime no arrangements for district nurse training.

The extent of consultation and treatment given by the health visitor-nurses in their own premises varies considerably in each area and depends very largely on the attitude of the general practitioners. Taking the County as a whole, it is estimated that one tenth of the nursing work is carried out either in the homes of the nurses or in the five existing Clinics. In view of the geographical distribution of the population, it is not possible to differentiate, with any degree of accuracy, what proportion of the consultation and treatment is given in the nurses' homes and in the Clinics respectively.

8. Domestic Help.

In their "Proposals for the Discharge of Functions" it is stated that the aim of the County Council, if experience warranted it, was to employ eventually two whole-time Domestic Helps in the Burgh of Stonehaven and one whole-time Domestic Help in each of the three remaining Burghs. The Council also proposed to employ women who might be called upon in an emergency, if this were found to be necessary.

It is regretted that the Domestic Help Service in the County has not so far been successful. The main causes of the failure have been (a) the difficulty of recruitment of suitable persons and (b), apparent lack of enthusiasm on the part of the general practitioners to call on the services of the Domestic Helps.

The position at the end of 1952 was as follows:-

Stonehaven:- Here a full-time Domestic Help was employed until November, 1952, when, owing to the fact that her services were not being taken full advantage of, the Council decided to re-engage her on a part-time basis with a retaining fee. At the beginning of December, however, the Domestic Help resigned. The Medical Officer of Health has on his register two women whom he may employ on a part-time basis as necessity arises.

Banchory:- In Banchory, there is a Domestic Help who is employed part-time and also receives a retaining fee. This Domestic Help is almost always fully employed, her chief attention being paid to the aged and chronic sick in the Burgh.

No facilities for the training of Domestic Helps exist in the County.

9. Vaccination and Immunisation./

9. Vaccination and Immunisation.

(a) Vaccination:- During 1952, 276 children were successfully vaccinated. Vaccination is performed by the general practitioners and facilities are offered at each session of the Child Welfare Clinics.

(b) Diphtheria Immunisation:- Primary Diphtheria Immunisation is offered to children approaching the age of 12 months at each session of the Child Welfare Clinics. Immunisation is also performed by the general practitioners in the area. In the Spring of 1953, it is proposed to offer immunisation to all school children. The absence of diphtheria immunisation campaigns in the County during the past three years has been due to lack of medical staff. It is proposed to give "boosting" injections at the age of 8-9 years.

(c) Whooping-Cough:- Whooping-Cough Immunisation is offered at all sessions of the Child Welfare Clinics and most children who at these sessions are immunised against diphtheria are also immunised against Whooping Cough. So far, the combined Diphtheria-Whooping Cough prophylactic has not been used. The usual age for immunisation against Whooping Cough has been within the first 9 months.

10. Prevention, Care and After-Care.

(1) Tuberculosis:- The closest liaison exists between the Chest Physician, stationed at the City Hospital, Urquhart Road, Aberdeen, the Medical Officer of Health and the general practitioners in the County. Domiciliary cases are visited by the appropriate health visitor-nurse when requested to do so either by the Medical Officer of Health or by the general practitioner. The health visitor-nurse attends both in an advisory and in a nursing capacity. Cases of pulmonary tuberculosis are examined by the Chest Physician who examines the child contacts of "open" cases at the Central Tuberculosis Clinic, at the City Hospital, Aberdeen. The Chest Physician arranges with the Supervisor of Nursing and Allied Services through the Medical Officer of Health for skin tests to be applied and cases so tested are sent to the Central Chest Clinic, Aberdeen, for interpretation and for B.C.G. Vaccination, if required.

There are in the County seven shelters which are used by County patients.

Where tuberculous families live in unsatisfactory houses, the Medical Officer of Health makes application to the appropriate Local Authority that such families be granted the tenancy of Council houses. This action is regarded as being of vital importance especially where any member of the family suffers from "open" tuberculosis and where efficient segregation cannot be otherwise obtained.

The local branch of the British Red Cross Society operate medical loan depots in Stonehaven, Banchory and Inverbervie. When the Society cannot supply necessary bedding and nursing equipment, these are provided by the County Council.

Extra nourishment is provided by the County Council in selected cases. The nourishment consists of milk, butter, eggs and meat, but few patients receive all those items. No "means test" is applied but an exact investigation is carried out by the Medical Officer of Health who satisfies himself that there is real need for extra nourishment, having regard to the total income to the home.

The arrangements for the carrying out of B.C.G. vaccination are in the hands of the Chest Physician, City Hospital, Aberdeen.

The/

The statistical data relating to tuberculosis in its various aspects are detailed in the following tables:-

Table 1.

Distribution of tuberculous cases, recording age and sex.

		Under 5	5-10	10-15	15-25	25-35	35-45	45-65	65 and over.	Total
Pulmonary	(Males	-	-	-	2	1	2	1	1	7
	(Females	-	-	-	2	-	-	2	-	4
Non-Pulmonary	(Males	1	1	1	-	1	1	-	-	5
	(Females	-	1	-	-	1	1	-	-	3
TOTAL		1	2	1	4	3	4	3	1	19

The results of sputum examination of those persons resident in the area who were known to be suffering from pulmonary tuberculosis were as follows:-

Table 11.

Sputum Examination Results.

	Under 5	5-10	10-15	15-25	25-35	35-45	45-65	65 and over.	Total
Sputum examined and Tubercle bacilli found:									
Males	-	-	-	1	12	11	9	1	34
Females	-	-	-	6	10	4	5	-	25
Sputum examined and Tubercle bacilli never found:									
Males	-	-	-	3	4	5	4	1	17
Females	-	-	-	5	4	4	2	-	15

In 1952, there were 29 known cases of non-pulmonary tuberculosis living in the County of Kincardine, and the location of the disease is shown in Table 111 which also gives relevant statistics in respect of the previous four years.

Table 111.

Non-Pulmonary Tuberculosis - Location.

Year	Glands	Bones and Joints	Spine	Abdomen	Lupus	Other	Total.
1948	8	9	3	3	4	7	34
1949	8	6	3	1	5	7	30
1950	8	5	3	1	6	6	29
1951	8	4	2	1	6	4	25
1952	10	4	2	1	6	6	29

Institutional Treatment:-/

Institutional Treatment:-

The institutional treatment of tuberculosis came under the jurisdiction of the North-Eastern Regional Hospital Board on 5th July, 1948. In Table 1V are given the numbers of pulmonary and non-pulmonary cases who received treatment during 1952; comparison is made with the numbers who received institutional treatment in the four previous years.

Table 1V.

Year	1948	1949	1950	1951	1952
Pulmonary	11	13	14	17	15
Non-Pulmonary	1	5	2	3	4
Total	12	18	16	20	19

The mortality rates from tuberculosis both pulmonary and non-pulmonary are not available at the date of issue of this report.

- (2) Illness generally:- The Council have made arrangements for the care and after-care in relation to diseases other than tuberculosis, viz:-

(a) Mental Health and Mental Deficiency:- Particulars in this connection appear under heading 12.

(b) Veneraal Disease:- Since the coming into operation of the National Health Act, no request has been made by the hospital organisation to "follow up" persons who may have failed to undergo a complete course of treatment.

Propaganda in relation to Venereal Disease has in the past been carried out mainly by the Scottish Council for Health Education.

(c) Malignant Disease:- When requested by the North-Eastern Regional Hospital Board, the health visitor-nurses will accompany their own patients on visits to the Clinic for malignant disease and will visit the patients in their own homes.

The County Council have not required to provide bedding or equipment in respect of any of the foregoing three types of cases.

11. Control of Infectious Diseases.

General:- In respect of infectious diseases, laboratory facilities are provided at the Regional Bacteriological Laboratory, Urquhart Road, Aberdeen. The laboratory is under the jurisdiction of the North-Eastern Regional Hospital Board.

Cases of infectious disease occurring in the County and requiring institutional treatment used to be admitted to the Isolation Hospital, Stonehaven, which has recently been renamed "Arduthie Hospital". The only exception to this procedure was in regard to cases requiring specialist treatment; these were sent to the City (Fever) Hospital, Aberdeen. During and since the termination of the War, the incidence of infectious disease fell to such an extent that the County Council agreed to the admission to their hospital of selected cases suffering from pulmonary tuberculosis. When the National Health Act came into operation, the Regional Hospital Board decided that Arduthie Hospital would/

would be used entirely for cases of pulmonary tuberculosis. All County cases suffering from the ordinary zymotic diseases and requiring institutional treatment are now admitted to the infectious diseases wards of the City Hospital, Aberdeen.

There follows a record of the number of the notifiable infectious diseases but intimation was also made to the Medical Officer of Health of cases of chickenpox, measles and mumps, none of which are compulsorily notifiable. The information in relation to cases suffering from non-notifiable diseases was transmitted by headteachers and general practitioners.

Morbidity and Mortality from Infectious Diseases:- There was a considerable fall in the number of cases of notifiable infectious diseases in 1952. During the year, 100 cases were notified. The corresponding figures for the three preceding years were:- 1951 - 130; 1950 - 103 and 1949 - 95.

Scarlet Fever:- There was a sharp decline in the incidence of Scarlet Fever during 1952. Only 29 cases were notified as compared with 59 in 1951. Once again the distribution of the disease, which was mild in character, was general throughout the County.

Diphtheria & Diphtheria Immunisation:- It is again satisfactory to report that there was no confirmed case of diphtheria during the year.

Due to lack of medical staff, the immunisation campaign was carried out on a modified scale. A total of 497 children, the greater number being of pre-school age, received two inoculations. Re-immunisation was carried out on 61 children. The corresponding figures for 1951 were 396 and 45 respectively.

Acute Anterior Poliomyelitis (Infantile Paralysis):- One case of this disease was notified - an adult female; some degree of paralysis remained after treatment.

Puerperal Fever:- During the year under review, one case occurred. Hospital treatment resulted in a satisfactory recovery.

Puerperal Pyrexia:- Two cases of this disease were notified. Both made complete recoveries.

Cerebro-Spinal Fever:- Only one case occurred as compared with two in 1951. The patient - a child under 5 years of age - recovered after hospital treatment.

Erysipelas:- Three cases of this disease were notified, whereas only one was notified in 1951 and five in 1950.

Acute Infective Jaundice:- As in 1951, no case of this disease was notified.

Pneumonia:- In 1952, there was a marked decline in the number of notifications of cases of this disease, only nine cases being notified. The corresponding figures for 1951 and 1950 were 24 and 28 respectively. Of the nine cases notified, four were removed to hospital.

Smallpox and Encephalitis Lethargica:- No cases of these diseases were notified.

Ophthalmia Neonatorum:- As in 1950 and 1951, no cases were notified.

Dysentery:- During the year under review, two cases of dysentery were notified. This compares favourably with the previous year when eighteen cases were brought to the notice of the Medical Officer of Health.

Para-typhoid Fever:-/

Para-typhoid Fever:- In the late autumn of 1952 there was notified a case of Para-typhoid Fever in a child of pre-school age. On investigation of the intimate contacts, it was found that the faeces of the grandmother - who exhibited no clinical signs - were positive for B. Para-typhoid B. The child was removed to hospital and made a complete recovery. The grandmother was also removed to hospital where various types of medical treatment were employed, but without success. The woman agreed to have the operation of cholecystectomy performed but her faeces still remained positive, possibly due to the invasion of the bile ducts by the Para-typhoid organisms. Careful interrogation of this woman failed to elicit the incidence of any previous disease that might have been typhoidal in character.

Whooping-Cough:- During 1952, fifty cases of Whooping-Cough were notified. Four of these occurred in children under 1 year of age, 28 in children between the ages of 1 and 5 years, 17 in children between the ages of 5 and 15 years and one in a female adult aged 59 years.

Undulant Fever:- No case of this disease was notified during the year.

12. Mental Health.

In general, the "Proposals for the Discharge of Functions" in respect of mental health have been implemented by Kincardine County Council.

(1) Administration:-

(a) The Mental Health Services are administered by the Health and Welfare Committee of Kincardine County Council.

(b) The staff employed in connection with the Mental Health Service is the County Medical Officer of Health whose name and qualifications have already been given and one Duly Authorised Officer, viz:- Mr. George Stephen who also acts as Assistant Welfare Officer.

At the commencement of the Scheme there was attached to the Department of the Professor of Mental Health a Psychiatric Social Worker, who performed work in respect of children belonging to the County of Kincardine, but, during the past two years, her services were not available in the County and a recommendation has been made that the Regional Hospital Board might appoint a Psychiatric Social Worker who could undertake domiciliary social welfare work as a specialist service in the County.

The proposed arrangements for providing training, occupation and supervision for mental defectives not in institutions have not been implemented. If a training or occupational centre is provided in the City of Aberdeen, it is envisaged that mentally defective persons resident in the County, might be allowed to attend this Centre.

(c) Co-ordination with the Regional Hospital Board includes the visitation and supervision on behalf of that Board of certified lunatics placed under guardianship and the making of arrangements for and visitation and supervision of mental defectives placed under guardianship. The officers carrying out this work are the Medical Officer of Health and the Duly Authorised Officer. The number of mental cases so dealt with during 1952, was as under:-

Number of lunatics certified	...	...	...	2
Number of mental defectives certified	...	...	...	1
Number of mental defectives (ineducable)				
under guardianship at the end of the year	...	...	...	6
Number of mental defectives (educable)				
under guardianship at the end of the year	...	...	...	5

(d) No/

(d) No duties have so far been delegated to Voluntary Associations as no organisations specialising in this type of work are available in the County.

(e) No arrangements have been initiated for the training of staff.

(2) Account of work undertaken in the community.

(a) No definite measures have yet been taken for the prevention of mental illness. The care and after-care of the mentally ill and of the defectives are undertaken by the Medical Officer of Health and the Duly Authorised Officer.

(b) Statutory and periodic visitations are made by the Medical Officer of Health and the Duly Authorised Officer.

(c) (1) Arrangements for ascertaining and supervising mental defectives are carried out by the Medical Officer of Health who often receives information in this connection from general practitioners and the Director of Education. On the other hand, the Medical Officer of Health, in his capacity as School Medical Officer, not infrequently has brought to his notice, cases of supposed mental deficiency.

(2) In the County there is a definite difficulty in obtaining guardians. There is undoubtedly a distinct hesitancy on the part of people to undertake the guardianship of mental defectives who are unable to perform at least some manual work.

(3) No arrangements have yet been made for carrying out the statutory duty to provide occupation and training for defectives in the area.

13 Work under Nurseries and Child Minders' Regulation Act.

No work is performed in this County under the above Act.

C. School Health Services.

The Report on the School Health Service for the year ended 31st July, 1952, is given as an appendix to this Report.

D. Port Health Administration.

Not applicable in this County.

E. Food Supply.

Under this heading, items 1 - 4 will be dealt with by the appropriate Sanitary Inspectors.

5. There were no outbreaks of food poisoning during 1952.

6. As regards nutrition, no special action was taken except in so far that special attention was paid to the nutrition of the children attending the Child Welfare Clinics and of the children of school age.

F. Miscellaneous.

1. In July, 1952, an Old People's Home was opened in Stonehaven. It has accommodation for 20 persons and, at the end of the year, 12 old people were in residence. Each resident in the Home has selected his own/

own general practitioner. There are no nursing facilities at this Home, and, if an old person reaches the stage of requiring hospital treatment, accommodation will require to be obtained in hospitals under the jurisdiction of the North-Eastern Regional Hospital Board. The general administration of the Home is carried out by a resident matron.

Under Section 29 of the National Assistance Act, the services of two voluntary organisations are utilised in connection with blind persons in the County.

The services of a voluntary organisation in the City of Aberdeen are available for the improvement and tuition of the Deaf and Dumb.

A Scheme is in process of formation for the notification of all disabled persons.

In this County there are no registered homes for old people.

No compulsory removal to an Institution or Home had to be carried out under Section 47 of the Act.

In no case had property to be taken under the care of the County Council.

In 1952, one burial was carried out under Section 50 of the Act.

2. No work was carried out under the Nursing Homes Registration (Scotland) Act.
3. Each year the County Council have obtained the willing services of the Scottish Council for Health Education. Three days are allotted to this work. The Medical Officer of the Scottish Council for Health Education gives lectures to school children during school hours and lectures to adults in the evenings. A series of such lectures were given in December, 1952, and it is to be regretted that in two of the three evening sessions the attendances were very meagre.

The danger of accidents in the home is dealt with at the Child Welfare sessions conducted by the part-time Medical Officer employed by the County Council.

G. General Sanitation.

The items under this heading will be dealt with in the Annual Reports of the County Sanitary Inspector and of the Burgh Sanitary Inspectors.

APPENDIX.

ANNUAL REPORT
on the
MEDICAL INSPECTION, SUPERVISION and TREATMENT
of
SCHOOL CHILDREN
for the YEAR ended 31st JULY, 1952.

-----oOo-----

1871

1872

1873

1874

S T A F FRegional Medical Officer of Health

Harry J. Rae, M.C., M.A., M.B., Ch.B., D.P.H., Q.H.P.

Deputy Medical Officer of Health and School Medical Officer

Alexander Henderson, M.B., Ch.B., D.P.H.

Dental Surgeon - Part-time

Albert Kamsley, L.D.S., R.C.S. (Eng.)
(Resigned 30.6.52)

Part-time Ophthalmic Surgeon

Charles Cockburn, D.O.M.S., F.R.C.S.E.

Assistant Medical Officer for Diphtheria Immunisation (On sessional basis)

Annie Gartly, M.B., Ch.B., D.P.H.

GENERAL STATISTICS

- | | | |
|----|--|---------------|
| 1. | Population (estimated) of the area. | 27,879 |
| 2. | Number of Schools:- | |
| | (a) Primary } Under Education Committee. | 39 |
| | (b) Secondary } | 5 |
| | (c) (i) Special Schools | - |
| | (ii) Special Classes in ordinary schools | - |
| | (d) In receipt of grant from Education Committee and under medical inspection. | - |
| | Number of children on the registers | 4,595 |
| | Number of children in average attendance | 4,352 (94.7%) |
| 3. | <u>Sanitary Condition of Schools</u> | |

During the year under review, additional lavatory conveniences were provided at the following schools - Luthermuir, Napier and Strachan. At Banchory and Mackie Academies and also at Fettercairn school, the work on the installation of additional facilities was proceeding at the end of the school year.

Playgrounds.

Tarmacadam has been laid at Glenbervie and Maryculter West Schools and an area of approximately 200 yards of the playground at Mackie Academy has been laid with tarmacadam.

4. Organisation and Administration

A. Medical Inspection - In addition to medical inspection in connection with the four usual age-groups, viz:- entrants, 9 year-olds, 13 year-olds and 16 year-olds, there was also carried out an examination, so far as visual acuity and hearing were concerned, of all children born in the year 1944. In this special age group, 414 children (210 boys and 204 girls) were examined. With regard to visual acuity, 113 children (54 boys and 59 girls) had "fair" vision, while 11 children (2 boys and 9 girls) had "bad" vision. As for hearing, 14 children (9 boys and 5 girls) were classified/

classified as defective, 8 boys and 4 girls being in Grade I while 1 boy and 1 girl were in Grade II(a).

There is no minor ailments clinic in the County of Kincardine and it is not meantime proposed to establish such a clinic in any of the Burghs. Physically defective children are referred to their own doctors for advice and treatment.

B. System and extent of dental inspection and treatment.

Four years ago, the Council had the services of one dentist stationed at Stonehaven; he was practically a whole-time official although he was allowed to engage in private dental practice outwith school hours. Another part-time dentist was stationed at Banchory.

Three years ago, however, both dentists gave up their appointments with the Council and the result was that the number of children inspected and treated did not compare favourably with the numbers inspected and treated in previous years.

A part-time Dental Officer took up duty on 24th October, 1949, and he continued in the employment of the Council until 30th June, 1952, when he tendered his resignation.

C. School nursing and the arrangements for "following-up".

The arrangements made by the County Council to operate as from 5th July, 1948, continued to function satisfactorily. As stated in previous reports, the County Council are now the direct employers of the Health Visitor-Nurses and the transition of their service from the voluntary organisation to local authority control was effected in a most harmonious manner. This was largely due to the broad and generous outlook taken by the County Nursing Federation.

D. Co-ordination with the public health service and with other departments of the authority which render services to children.

The Executive Officer for the School Health Services is the Depute Medical Officer of Health. The co-ordination of the health services in Kincardineshire in regard to pre-school and school children is very intimate.

E. Co-operation with voluntary bodies and other outside agencies.

In the past, a close liaison was maintained with the voluntary hospitals in Aberdeen and with the Cripples' Welfare Association for the North East of Scotland. The voluntary hospitals in Aberdeen were, however, transferred in 1948 to the jurisdiction of the Regional Hospital Board as also has the Cripples' Association but the same close co-operation has been established in relation to handicapped children.

F. Co-operation with teachers and parents with special reference to the attendance of parents at inspections.

Parents are invited to be present when their children are examined. The parents are informed of the date and hour of visit of the school medical officer. Whilst many parents in the Burghs avail themselves of this opportunity, unfortunately very few in the rural areas attend during routine medical examination; transport and domestic duties make it difficult for parents in the rural areas to be present.

5. The findings of Medical Inspection.

The number of children who were examined systematically was 1,264 whilst 414 children, born in the year 1944, were examined for visual acuity and hearing only. To these there fall to be added 469 children who were re-examined/

re-examined and 140 cases who were submitted by teachers and parents for examination.

The following table shows the average heights and weights of those boys and girls who were measured and weighed.

(a) BOYS

<u>No. of Children</u>	<u>Average Age in years</u>	<u>Average Height in inches</u>	<u>Average Weight in lbs.</u>
19	4 9/12	42.4	40.4
168	5 4/12	44.1	42.7
20	6 3/12	45.9	46.5
1	7 10/12	49.0	55.0
37	8 10/12	52.0	62.4
187	9 4/12	53.1	64.5
26	12 10/12	59.4	90.9
145	13 4/12	60.4	93.2
8	15 10/12	66.1	124.8
17	16 4/12	68.5	134.2

(b) GIRLS

<u>No. of Children</u>	<u>Average Age in years</u>	<u>Average Height in inches</u>	<u>Average Weight in lbs.</u>
18	4 9/12	42.4	39.1
173	5 5/12	44.0	41.3
24	6 2/12	45.4	43.2
1	7 10/12	52.0	56.0
27	8 10/12	50.9	55.8
199	9 4/12	52.5	57.0
35	12 10/12	60.7	95.1
137	13 4/12	61.1	99.8
4	15 10/12	63.7	116.0
13	16 5/12	64.6	120.4

The findings of systematic medical examination were as follows:-

	<u>Number Examined</u>	<u>Number Defective</u>	<u>Percentage Defective</u>
1. <u>Clothing</u> unsatisfactory	1,264	11	.87
2. <u>Footgear</u> unsatisfactory	"	10	.79
3. <u>Cleanliness</u> :-			
(a) <u>Head</u> (1) Dirty	"	1	.08
(2) Nits	"	9	.71
(3) Verminous	"	22	.16
(b) <u>Body</u> (1) Dirty	2	3	.24
(2) Nits	"	-	-
(3) Verminous	"	-	-
4. <u>Skin</u>			
(a) <u>Head</u> - Ringworm	"	-	-
Impetigo	"	3	.24
Other diseases	"	3	.24
(b) <u>Body</u> - Ringworm	"	-	-
Impetigo	"	2	.16
Scabies	"	-	-
Other diseases	"	7	.55

	<u>Number Examined</u>	<u>Number Defective</u>	<u>Percentage Defective</u>
5. <u>Nutritional State</u>			
Slightly defective	1,264	95	7.52
Bad	"	-	-
6. <u>Mouth and teeth Unhealthy</u>	"	21	1.66
7. <u>Naso-pharynx -</u>			
(a) Nose (1) Obstruction requiring observation	"	5	.39
(2) Obstruction requiring treatment	"	1	.08
(3) Other conditions	"	18	1.42
(b) Throat (1) Tonsils requiring observation	"	128	10.13
(2) Tonsils requiring treatment	"	17	1.34
(c) Glands (1) Requiring observation	"	82	6.49
(2) Requiring treatment	"	1	.08
8. <u>Eyes</u>			
(a) External Diseases -			
Blepharitis	"	11	.87
Corneal opacities	"	3	.24
Strabismus	"	11	.87
Conjunctivitis	"	2	.16
Other diseases	"	5	.39
(b) Visual Acuity with/without glasses	840	155	18.45
Recommended for refraction	1,264	44	3.48
Fair vision	840	155	18.45
Bad vision	"	42	5.0
9. <u>Ears</u>			
(a) Diseases - Otorrhoea	1,264	2	.16
Other diseases	"	18	1.42
(b) Defective Hearing - Grade I	"	3	.24
" ILa	"	4	.32
" IIb	"	-	-
" III	"	-	-
10. <u>Speech - Defective Articulation</u>	"	7	.55
Stammering	"	2	.16
11. <u>Mental and Nervous Conditions</u>			
(a) Backward	"	6	.47
(b) Dull	"	1	.08
(c) Mentally deficient (Educable)	"	-	-
(d) Mentally deficient (Ineducable)	"	-	-
(e) Highly nervous or unstable	"	-	-
(f) Difficult behaviour	"	2	.16
12. <u>Circulatory System</u>			
(a) Organic Heart Disease			
(1) Congenital	"	2	.16
(2) Acquired	"	5	.39
(b) Functional Conditions	"	10	.79

	<u>Number Examined</u>	<u>Number Defective</u>	<u>Percentage Defective</u>
13. <u>Lungs</u>			
Chronic bronchitis	1,264	3	.24
Suspected tuberculosis	"	-	-
Other conditions	"	12	.94
14. <u>Deformities</u>			
(a) Congenital	"	2	.16
(b) Acquired (Infantile Paralysis)	"	-	-
(c) Acquired (Rickets)	"	-	-
(d) Acquired (Other)	"	3	.24
15. <u>Infectious Diseases</u>	"	-	-
16. <u>Other Diseases or defects</u>	"	8	.63
17. <u>Classification</u>			
Group IIa	"	155	12.26
Group IIb	"	21	1.66
Group IIc	"	-	-
Group III	"	94	7.44
Group IVa	"	59	4.67
Group IVb	"	14	1.11
Number notified to parents as suffering from defects	"	167	13.21

STATISTICAL TABLES -

TABLE I.

Total number of children examined at:-

	<u>Systematic Examinations</u>	<u>Other Systematic Examinations</u>
A. <u>Systematic Examinations.</u>		
Ordinary & Secondary Schools		
Entrants	424	-
Second Age Group	450	-
Third Age Group	343	-
Fourth Age Group	47	-
Total	<u>1264</u>	<u>-</u>
B. <u>Other Examinations.</u>		
Special Cases	140	
Re-inspections by Medical Officers	469	
Total	<u>609</u>	

Number of children inspected at systematic examinations, who were notified to parents as requiring treatment (excluding uncleanliness and dental caries).

Entrants	54
Second Age Group	63
Third Age Group	44
Fourth Age Group	6
	<u>167</u>

Nature of Defect	Total Examined All Ages 1,264	Entrants			Second Age Group			Third Age Group			Fourth Age Group			All Ages							
		Boys 208	%	Girls 216	%	Boys 224	%	Girls 226	%	Boys 171	%	Girls 172	%	Boys 25	%	Girls 22	%	Boys 628	%	Girls 636	%
7. Naso-pharynx -																					
(a) Nose -																					
(1) Obstruction requiring observation	"	1	.48	1	.46	1	.44	2	.88	-	-	-	-	-	-	-	-	2	.32	3	.47
(2) Obstruction requiring treatment	"	-	-	-	-	1	.44	-	-	-	-	-	-	-	-	-	-	1	.16	-	-
(3) Other conditions	"	4	1.92	6	2.77	6	2.67	1	.44	4	.58	-	-	-	-	-	-	11	1.75	7	1.1
(b) Throat -																					
(1) Tonsils requiring observation	"	34	16.34	32	14.81	12	5.36	26	11.50	8	4.67	13	7.56	2	8.0	1	4.54	56	8.91	72	11.32
(2) Tonsils requiring treatment	"	5	2.40	3	1.38	-	-	4	1.77	4	2.34	1	.58	-	-	-	-	9	1.43	8	1.25
(c) Glands -																					
(1) Requiring observation	"	21	10.09	19	8.79	8	3.57	20	8.84	9	5.26	4	2.32	1	4.0	-	-	39	6.21	43	6.76
(2) Requiring treatment	"	1	.48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	.16	-	-
8. Eyes -																					
(a) External Diseases:																					
Blepharitis	"	1	.48	1	.46	3	1.33	4	1.77	1	.58	1	.58	-	-	-	-	5	.79	6	.94
Corneal opacities	"	-	-	-	-	-	-	2	.88	1	.58	-	-	-	-	-	-	1	.16	2	.31
Strabismus	"	5	2.40	1	.46	1	.44	2	.88	1	.58	1	.58	-	-	-	-	7	1.11	4	.62
Conjunctivitis	"	-	-	1	.46	-	-	-	-	-	-	1	.58	-	-	-	-	-	-	2	.31
Other diseases	"	-	-	-	-	1	.44	2	.88	1	.58	1	.58	-	-	-	-	2	.32	3	.47
(b)/																					

TABLE III

SYSTEMATIC MEDICAL EXAMINATION

Classification	Entrants 424		Second Age Group 450		Third Age Group 343		Fourth Age Group 47		Total All Ages 1264	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
I. Children free from defects	353	83.26	290	64.45	252	73.48	26	55.32	921	72.85
II. Children (otherwise free from defects) who suffer from - (a) Defective vision (not more than 6/12 in the better eye) with or without glasses or (b) Oral sepsis, etc. (c) Both (a) and (b)	- 17 - 17	- 4.01 - 4.01	93 4 - 97	20.66 .89 - 21.55	47 - - 47	13.71 - - 13.71	15 - - 15	31.92 - - 31.92	155 21 - 176	12.27 1.66 - 13.93
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks	43	10.14	33	7.34	16	4.67	2	4.25	94	7.44
IV. Children with defects less remedial than in II or III. (a) where complete cure is considered possible (b) where improvement only is considered possible	9 2	2.12 .47	24 6	5.33 1.33	23 5	6.70 1.44	3 1	6.39 2.12	59 14	4.66 1.11
Total	11	2.59	30	6.66	28	8.14	4	8.51	73	5.77
Total number of children examined	424	100	450	100	343	100	47	100	1264	100

TABLE IV.

Return of all Exceptional Children of School Age in the County.

Disability	At ordinary schools	At special schools or classes	At no school or institution	Total
1. Blind	-	2	-	2
2. Partially sighted -				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition -	1	-	-	1
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught at an ordinary school	-	-	-	-
3. Deaf - Grade I	10	-	-	10
Grade IIa	19	-	-	19
Grade IIb	-	-	-	-
Grade III	-	4	-	4
4. Defective Speech -				
(a) Defects of articulation requiring special educational measures	-	-	-	-
(b) Stammering requiring special education measures	-	-	-	-
5. Mentally defective (children between 5 and 16 years)				
(a) Educable	1	2	-	3
(b) Ineducable	-	1	1	2
6. Epilepsy -				
(a) Mild and occasional	1	-	-	1
(b) Severe (suitable for care in a residential school)	-	-	-	-
7. Physically defective (children between 5 and 16 years)				
(a) Non-pulmonary tuberculosis (excluding cervical glands)	1	-	-	1
(b) General orthopaedic conditions	11	-	-	11
(c) Organic heart disease	7	-	-	7
(d) Other causes of ill-health	-	1	-	1
8. Multiple defects	-	-	-	-

6. Medical Treatment.A. Minor Ailments.

All cases suffering from minor ailments were referred to their family doctors for treatment. The health visitor-nurse visited the homes and, where it was found that necessary treatment had not been carried out, encouraged the parents to have the defects attended to.

B./

6. B. Defective Vision and SquintReport by Mr. Charles Cockburn, School Oculist.

No. of children examined	...	...	...	...	73
Boys	...	...	...	...	26
Girls	...	...	...	...	47
No. of children with refraction error	...	...	...	...	46
No. of spectacles ordered	...	...	...	...	39
and 1 new lens ordered for one child	...	...	...	...	1

Analysis of refraction errors

Hypermetropia	2	=	4%
Myopia	6	=	13%
Myopic Astigmatism	5	=	11%
Hypermetropic Astigmatism	25	=	54%
Mixed Astigmatism	8	=	18%

Pathological conditions met with were:-

Congenital Nystagmus	1
Ptosis	2
Internal Concomitant Strabismus	7
Divergent strabismus	1
Conjunctivitis	1
Congenital Cataract	1

C. Nose and Throat (operative treatment)

All cases were in the first instance referred to the family doctors who arranged for institutional treatment, when necessary

D. Orthopaedic and Postural Defects (Specialist Treatment)

The Cripples' Welfare Association for the North East Region of Scotland instituted an Orthopaedic Clinic at Stonehaven and this continued to operate until the introduction of the National Health Service (Scotland) Act on 5th July, 1948. Thereafter Orthopaedic Services, being specialist services, were transferred to the North Eastern Regional Hospital Board who are responsible for the conduct of the present Orthopaedic Clinic at Stonehaven. During the year under review, the numbers of cases attending the Clinic are given below:-

(1) Number of old cases	3
(2) Number of attendances made by these	5
(3) Number of new cases	22
(4) Number of attendances made by new cases	35

7. Dental Inspection and Treatment -Report by Mr. Albert Kemsley, School Dental Surgeon

The following data relating to the numbers of children inspected and treated has been submitted by Mr. Albert Kemsley, who, single-handed, conducted the School Dental Service in the year under review. It is proper to state that Kincardine County Council have been somewhat distressed by the fact that it has been impossible for them to obtain adequate qualified dental staff. On several occasions, advertisements have been inserted in the Press and prospective candidates have been interviewed but recruitment of whole-time dental staff has been found to be impossible. The Council, however, hope that in the near future recruitment will not be so difficult in view of the fact/

fact that private dental practice is being levelled out and a number of dentists now appear to be leaving general practice with a view to undertaking official duties. Even if a whole-time dentist were obtained and were stationed at Steneshaven, it is difficult to see how the children in the Banchory area and beyond could be adequately inspected and treated. When, however, suitable premises are available, or are built in Banchory, it is almost certain that a private dentist would be prepared to undertake the necessary dental work in that area.

The numbers of children who were inspected by the dental officer were as follows:-

Age	(a) At systematic examinations.	(b) As special and emergency cases.	Total
4	-	-	-
5	50	-	50
6	65	-	65
7	71	-	71
8	70	-	70
9	77	-	77
10	71	-	71
11	82	-	82
12	171	-	171
13	147	-	147
14	179	-	179
15	52	-	52
16	21	-	21
17	9	-	9
18	2	-	2
Total	1,067	-	1,067

	(a) Systematic Examinations	(b) Special and emergency cases	Total
--	-----------------------------------	---------------------------------------	-------

The number of children who were -

(1) Found to require treatment	610	-	610
(1a) Accepting treatment	363	-	363
% Acceptance rate	59.51	-	59.51
(2) Actually treated by the School Dental Officer	336	3	339
(3) Number of attendances made by children for treatment	459	3	462
(4) Fillings -			
(a) Permanent teeth	577	-	577
(b) Temporary teeth	191	-	191
(5) Extractions -			
(a) Permanent teeth	57	-	57
(b) Temporary teeth	112	1	113
(6) Number of administrations of a general anaesthetic for extractions	-	-	-
(7) Other operations -			
(a) Permanent teeth	118	1	119
(b) Temporary teeth	8	1	9
(8) Half-days devoted to inspection	10	-	10
Half-days devoted to treatment	57	-	57
(9) Number of children treated under private arrangements	237	-	237

If/

If one compares the acceptance figures, one finds that the acceptance rate for this year is almost 60% while for the previous year it was 71%. The difference in the numbers accepting treatment is accounted for by the large number of children who were inspected during 1950-51 together with acceptances received during the preceding year and not dealt with in that year.

8. Special Schools and Classes.

There are neither special schools nor classes provided in the County of Kincardine for children handicapped by physical or mental defects.

Psychologically abnormal children are dealt with at the Child Guidance Clinic in Aberdeen.

9. Arrangements for Physical Education and Personal Hygiene.

Whenever practicable, playgrounds have been tarmacadamised.

10. Other activities in relation to the health of school children.

(1) Milk in Schools Scheme -

(a) Number of schools participating in the scheme	...	...	43
(b) Number of children taking milk daily	...	...	2882
(c) Percentage of school population taking milk	...	...	63%

(2) School Meals Service -

(a) Number of pupils receiving dinners	...	...	2490
(b) Number of children receiving soup meals	...	...	-
(c) Number of children receiving light meals (Cocoa, etc.)	...	...	18
(d) Number of schools at which dinners were provided	...	...	42
(e) Number of schools at which light meals were provided	...	...	1
(f) Number of schools at which a soup meal was provided	...	...	-
(g) The School Meals Service shows a decrease in the number of meals consumed but the number of schools at which meals are available has been increased by two;	...	...	
(h) With regard to the milk-in-schools scheme, the number of schools participating has increased from 38 to 43. The number of children taking milk daily has also increased slightly.	...	...	

It is hoped to supply one other school with the Meals Service. It is probable that the increase in the charge for meals has reduced the number of pupils participating in the service.

